



SANDY PASCH

STATE REPRESENTATIVE

Assembly Bill 681 Testimony of Representative Sandy Pasch Assembly Committee on Corrections and the Courts February 24, 2010

Good afternoon, Mr. Chairman and fellow committee members. As the author of Assembly Bill 681, I appreciate your consideration of this proposal before you today.

As you may know, the Wisconsin Resource Center (WRC) is administered by the Department of Health Services in partnership with the Department of Corrections. WRC is a specialized mental health facility established as a prison under s. 46.056, Wisconsin Statutes.

Under current law, inmates may be committed for mental health treatment at the WRC in three ways: voluntarily, civilly committed, and alternatively committed under s. 51.20 (1) (ar)—or also known as an involuntarily commitment. This commitment is used for those patients who do not show dangerousness to self or others but whose mental illness is in need of treatment nonetheless.

If a prisoner is involuntarily committed for treatment at a mental health facility under the alternate commitment, the initial period of involuntary treatment can not exceed 180 days—or six months—in a 365 day period. Another commitment order could be put in place for an additional 12 months; however, there is always a lag between the initial six months and the second commitment order of at least six months and usually longer.

While civilly committed inmates can be treated on an uninterrupted basis, those committed under the alternative commitment must have their involuntary treatment discontinued after six months. If the inmate continues to refuse medication, treatment may not begin again until the following year. This stopping and starting of medications diminishes the effectiveness of treatment and may even have harmful physical effects.

For example, stabilization on an antipsychotic medication typically requires a period of three to six months, and the likelihood of an individual regaining their previous level of functioning decreases with each new episode of psychosis which is much more likely to occur if the patient is not medicated. Further, patients are at an increased risk for disorderly conduct when they are not taking their medications, potentially increasing their time of incarceration. Also, patients not treated with medication pose an increased risk of assaulting staff and other patients.

This cycle of on and off medication results in inefficient and wasteful use of WRC resources and taxpayer dollars. Therefore, Assembly Bill 681 would allow alternative commitments to WRC to be renewable for twelve month periods after an initial commitment of six months. This would align treatment policy for alternate commitments with civil commitments.

This bill has been introduced in collaboration with the Department of Health Services and was developed in consultation with the Disability Rights Wisconsin and the Department of Corrections.

Mr. Chairman and fellow committee members, thank you for allowing me to testify on this proposal today.

Testimony of Byran Bartow
Department of Health Services
Assembly Bill 681
Assembly Committee on Corrections and the Courts
February 24, 2010

Good afternoon Chairman Parisi and members of the Committee. Thank you Representative Pasch for introducing the bill.

My name is Byran Bartow and I am the Director of the Wisconsin Resource Center. We've been looking for an opportunity to make this change for quite some time and are happy that we seem to be at the threshold of the change now. This is not only important for those of us who work with the mentally ill inmates in the correctional setting but it is also very important to the mentally ill inmates themselves, their families, and ultimately the communities where the inmates will return.

I'd like to start by briefly giving the background and the reason we need change before addressing the provisions of this specific bill.

Background

Under current law inmates at the Wisconsin Resource Center may be committed for mental health treatment in 3 ways: voluntarily, civilly committed, and alternatively involuntarily committed. The alternative commitment is used for those patients who do not show dangerousness to self or others but whose mental illness is in need of treatment nonetheless.

While civilly committed inmates can be treated on an uninterrupted basis, those committed for treatment at a mental health facility under the alternative commitment must have their involuntary treatment discontinued after 6 months. The initial period of involuntary treatment can not exceed 180 days in a 365 day period. Another six-month commitment order could be put in place in the next 12 months; however,

there is always a lag between the initial six months and the second commitment order of at least 6 months and usually longer. This stopping and starting of medications diminishes the effectiveness of treatment and may even have harmful physical effects.

For example

- Stabilization on an antipsychotic medication typically requires a period of three to six months.
- Likelihood of an individual regaining their previous level of functioning decreases with each new episode of psychosis which is much more likely to occur if the patient is not medicated.
- Patients are at an increased risk for disorderly conduct when they are not taking their medications. This may result in longer incarceration time.
- Patients not treated with medication pose an increased risk of assaulting staff and other patients.
- This cycle of on and off medication results in inefficient and wasteful use of WRC resources and taxpayer dollars.

I want to assure the Committee that every effort is made to get inmates to participate voluntarily and we continue to engage patients and work toward voluntary treatment. The advocacy community recognizes that we are responsible in the way we use the alternative commitment authority as few people need to be alternatively committed.

The Bill

The bill would allow alternative commitments to WRC to be renewable for twelve month periods after an initial commitment of six months. This would align treatment policy for alternate commitments with civil commitments.

Case example

Thank you again for your consideration. Please feel free to ask me any questions you may have.



LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

Testimony of Eric M. Peterson

Chief of Staff, Senator Lena C. Taylor

Assembly Committee on Corrections and the Courts

AB 681 – Orders to Commit State Prison Inmates to a Mental Health Facility

Wednesday, February 24, 2010

Honorable Chairman Parisi and members of the Committee,

Thank you for taking testimony on Assembly Bill 681. This bill seeks to repeal arbitrary limits to the mental health commitments for offenders that are currently in law. Under current law, there is a 180-day limit within a 365-day period for commitment to a mental health treatment facility for offenders, while non-inmates can be committed up to six months.

Mentally ill persons are extremely prevalent in the correctional system. As proof of this, the statistics on vulnerable populations make the connection shockingly clear. One quarter to one half of the women's prison population has mental illness¹ and 48 to 88 percent of them have experienced sexual or physical abuse prior to incarceration. Two thirds of child offenders have at least one mental illness² that often stems from extreme childhood sexual or physical abuse.³ Immigrants in detention facing deportation also have similar issues with mental health, since they are survivors of trauma and torture awaiting credible fear interviews. Wisconsin tracks with these national statistics closely.

There is a cycle of violence that is perpetrated by the lack of stable mental health care. If offenders are not appropriately treated for the needed amount of time, this can lead offenders to re-offend with less hope for rehabilitation. Addressing the mental health issues and illnesses is essential for the safety and stability of society. Offenders with untreated mental illness become more perturbed in segregation or punishment placements. This means that they can become more violent and may hurt correctional officers, themselves, and eventually the public.

Treating mentally ill offenders protects society when they are released from a correctional institution. Rather than being punished due to their serious mental illness, they are afforded the knowledge of how to treat and cope with their illness, which may help inmates not re-offend.

Senator Taylor's office receives piles of letters from offenders pleading for help with their ignored serious medical and mental health needs. While addressing mental illness is not the panacea to all of

¹ Human Rights Watch, *Ill Equipped: US Prisons and Offender with mental Illness* 38 (2003).

² NYT, *Mentally Ill Offenders strain Juvenile System*, Aug 9, 2009.

³ ACLU, *A Blueprint for Meeting the Needs of Girls in TYC Custody: Report and Recommendations to the Texas Youth Commission*.

society's problems, but it can truly rehabilitate offenders before they re-enter society. Prison time is about punishment and rehabilitation. It serves no one to simply punish offenders; we must seek to rehabilitate those that are seriously mentally ill, as it may be at the root of their criminal offenses.

Currently, there are many requirements for petitioning for mental health commitment for a person that is not an incarcerated offender. This includes asserting the person is seriously mentally ill, drug dependent or developmentally disabled, is a proper subject for treatment and is dangerous. The commitment can last up to six months and a consecutive commitment order can even last up to a year.

The rules however differ for those incarcerated. Though is a basic human right to have access to medical care, there are stark and arbitrary limits to mental health commitment. To commit an offender, there are a slew of requirements. For instance, one must file an alternative petition that must assert that the offender is mentally ill, assert the offender is a proper subject for treatment, is in need of treatment, and is informed of his/her treatment needs and furthermore, there must be a showing that less restrictive forms of treatment have not been successful. If all of these requirements are met, which are more than required for a person that is not an offender, they are limited to receive treatment for a paltry 180 days total in a 365-day period.

This new reform of mental health for offenders repeals this 180 day limit and re-instates prior Wisconsin law allowing same 6 month limit with a limit to consecutive commitment to one year for offenders, which provides for better treatment and improved public safety. Today, you will hear expert testimony to that fact from DOC and DHS.

Wisconsin must show that it truly values public safety by passing AB 681.

I encourage your support of this legislation.